Form No:-

KAZIRANGA ENGLISH ACADEMY

Garoo-Ghuli, P.O. Garchuk, Guwahati – 781 035
Phone : (0361)2912421 / 22 ; Fax : (0361)2970049
Website : kazirangaenglishacademy.org ; E-mail : principalkeaghy@yahoo.co.in

Affix a recent passport size photo of candidate

REGISTRATION FORM

(PLEASE FILL IN THIS FORM IN CAPITAL LETTERS ONLY)

CLASS TO WHICH ADMISSION IS SOUGHT [ ] ACADEMIC SESSION [2017-18] STREAM [ ]

01. STUDENT'S NAME IN FULL : (in block letters with one space between words)

[ ]

02. (a) Sex : Male/Female [ ] (b) Blood Group: [ ] (c) Physically handicapped: [Yes] [No]

(d) Mother Tongue :_____ (e) Nationality:_____ (f) Religion: _____

(g) Caste: GEN [ ] SC [ ] ST [ ] OBC [ ] OTHERS [ ]

(Please attach a self attested photocopy of the certificate issued by a competent authority in support of the category if it is SC/ST/OBC/OTHERS)

03. Date of Birth: [ ][ ] Day [ ][ ] Month [ ][ ][ ][ ] Year

(a) In words _____

(Please attach a self attested photocopy of the certificate issued by a competent authority in support of the date of birth mentioned here.)

(b) Age as on 01.04.20___ : _____

04. MOTHER'S NAME IN FULL : (in block letters with one space between words)

[ ]

Age: _____ Nationality: _____ Religion: _____

Academic Qualification : _____ Occupation & Designation:_____

05. FATHER'S NAME IN FULL : (in block letters with one space between words)

[ ]

Age: _____ Nationality: _____ Religion: _____

Academic Qualification : _____ Occupation & Designation:_____

06. Residential Address for Communication :_____

_____ State: _____ Pin:_____

Contact No. : _____